



CASE CLV-32781B

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Martha Martin
Type or print name

Martha Martin
Signature

May 18, 2007
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

Art Unit: 1732

KELLY ET AL.

Examiner: Mathieu D. Vargot

APPLICATION NO: 10/724,677

FILED: DECEMBER 1, 2003

FOR: SYSTEM AND METHOD FOR CURING POLYMERIC MOLDINGS
HAVING A MASKING COLLAR

MS: Amendment

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

This paper is supplemental to the Information Disclosure Statement filed December 1, 2003 and is being filed in accordance with 37 C.F.R. §1.97(d).

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Copies of these references are enclosed herewith.

A petition pursuant to 37 C.F.R. §1.97(d) is enclosed herewith.

05/25/2007 MWOL DGE1 00000051 502965 10724677
01 FC:1806 100.00 DA

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$180 for payment of the fee required by 37 CFR §1.17(p) for the submission of an Information Disclosure Statement under 37 CFR §1.97(d).

An additional copy of this paper is here enclosed. The Commissioner is hereby authorized to charge the above-mentioned \$180 fee and any additional fees which may be required to Deposit Account No. 50-2965 in the name of Novartis.

Statement under 37 C.F.R. §1.97(e)(2)

I, the undersigned, hereby certify that no item of information in this Information Disclosure Statement was known to any individual designated in 37 CFR 1.56(c) more than 3 months prior to the filing of this Information Disclosure Statement.

Respectfully submitted,

Novartis
Corporate Intellectual Property
One Health Plaza, Building 104
East Hanover, NJ 07936-1080
(678) 415-3690


Sheng-Hsin Hu
Attorney for Applicants
Reg. No. 50,328

Date: May 18, 2007

**CERTIFICATE OF MAILING**

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Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

PETITION PURSUANT TO 37 CFR §1.97(d)

Sir:

Consideration of the Information Disclosure Statement submitted concurrently herewith is requested. Please charge Deposit Account No. 50-2965 in the name of Ciba Vision in the amount of \$130 for payment of the fee for filing this petition.

An additional copy of this paper is here enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 50-2965 in the name of Ciba Vision.

Respectfully submitted,

Sheng-Hsin Hu
Attorney for Applicants
Reg. No. 50,328

Novartis
Corporate Intellectual Property
One Health Plaza, Building 104
East Hanover, NJ 07936-1080
(678) 415-3690
Date: May 18, 2007

05/25/2007 MWUL0GE1 00000062 10724677

01 FC:1464

130.00 DA

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
CL/V-32781B
APPLICATION NO.
10/724,677
APPLICANT
KELLY ET AL.
FILING DATE
DECEMBER 1, 2003Group
1732

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	6,638,451	10/28/03	Hagmann et al.	264	1.38	8/25/00
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.